PART B - FEE(S) TRANSMITTAL

ont

send this form, together with applicable fee(s), to: Mail Mail Stop ISBUK FEE

Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the IBSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Fahmi, advance orders and notification of maintainers from will be mailed to the current correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fine notifications. maintenance the notifications.

CURRENT CORRUSPONDENCE ADDRESS (Note: Use Black I for any change of address)

40987

7590

07/13/2006

AKERMAN SENTERFITT P. O. BOX 3188 WEST PALM BEACH, FL 39402-3188



Note: A certificate of mailing can only be used for domestic mailings of the Pools) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an essignment or formal drawing, must have its own certificate of mailing or transmission.

Cartificate of Mailing or Transmission
I hereby certify that this Foo(a) Transmittal is being deposited with the United States Footal Service with sufficient poetage for first class mail in an envelope addressed to the Mail Stop ISSUE FRE address above, or being face implies transmitted to the USPTO (\$71) 273-2885, on the date indicated below.

nilted to the USPTO (371) 273-2863, but its care	
	(Depositor's avino)
	(Signature)
	(D4ta)

		FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
APPLICATION NO.	FILING DATE	a e Pilankan	DE9-2000-0031 (267)	8179
09/994.544	11/27/2001	THE ATTOMATIC GENERATION OF MULTILED	igual synchronized sui	3-TTLES

TITLE OF INVENTION: METHOD AND SYSTEM FOR THE AUTOMATIC GENERATION OF MULTILLINGUAL SYNCHR FOR AUDIOVISUAL DATA

				PREV. PAID 198US PRE	TOTAL PES(8) DUE	DATE DUE
APPLN. TYPE	SMALL ENTITY	issue fee due	PUBLICATION FEE DUE		\$1700	10/13/2006
nonprovisional	NO	\$1400	\$300	\$0	41,00	1 • 9
	AINBR	ART UNIT	CLASS-SUBCLASS]		
	THUY N	2165	707-201000			
1. Change of correspond CFR 1.161). Change of corres Address form PTO/S W "Pen Address" in PTO/SB/47; Roy 03 Number is required	conce address or indication of the condense address (or Che (B/122) seached dicarion (or "Fco Address (22 or more recent) staction (control of the control o	ings of Correspondence of Indication form had. Use of a Customer	or agonts Ok, illument (2) the same of a single registered stremely of 2 registered patent effect, ilsted, no name will be	o 3 registered putent attent vely. to firm (having as a memb agent) and the names of u wheys or agents. If no nam printed.	er u 2	SENTERFITT
PLEASE NOTE: U records from as sor for (A) NAME OF ASS INTERNATIONA MACHINES (ploss an assignor is iden nh in 37 CFK 3.11. Com HGNEE AL BUSINESS CORPORATION	in the period fault for the lighter of this form is NC	ARMONK, NY	sasignment. Y and STATE OR COUNT Ladividual Q Corpora	don or other private grou	p entity Covernment
4a. The following foo(s		porm(trod)	th, Payment of Fam(s): (Pla A check is enclosed.	and From PTO-2038 is surely authorized to charge the count Number 50	achad	
5. Change in Entity S a. Applicant cit NOTE: The Issue For	intus (from status indications SMALL ENTITY stated Publication For (if re	and above) thus. See 37 CFR 1.27. equired) will not be acceptive a Palmy and Truckman	b. Applicant is no lot ted from anyone other than the Office.	onger claiming SMALL Bit the applicant; a registered	storicy or agent, or the	adentification of the party of
Authorized Signatu Typed or printed in	40 Killy	O. A. HINSON		08/18/2006_MBI Date	1400.80 DA 4749 95 ZDA	701 - 67774044

This collection of information is required by 37 CFR 1.311. The information is required to obtain or routin a benefit by the public which is to file (and by the UEFTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed applications form to the USFTO. Time will very depending upon the individual case. Any comments on the animum of time you require to complete the submitted of the complete applications form to the USFTO. Time will very depending upon the individual case. Any comments of the complete the complete the complete applications for routing this burdon, should be sent to the Chief information Office, U.S. Patent and Toutemark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FRES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

AUG 1.7 2006	U.S. F S are required to reapond to a CO	PTO/SB/21 (08-04) Approved for use through 07/31/2005. OMB 0651-0031 Pelent and Trademark Office; U.S. DEPARTMENT OF COMMERCE! Inclient of information unless it displays a yalld OMB control number.		
MADEN	Application Number	09/994,544		
TRANSMITTAL	Filing Date	NOVEMBER 27, 2001		
FORM	First Named Inventor	FISCHER		
1 Oran	Art Unit	2163		
(to be used for all correspondence after initial filing)	Examiner Name	PARDO, THUY N.		
Total Number of Pages In This Submission 3	Attorney Docket Number	DE9-2000-0031(267)		
ENCI	LOSURES (Check all	that apply)		
Fee Hansmina i Sim	Drawing(s) Licensing-related Papers	After Allowance Communication to TC Appeal Communication to Board of Appeals and Interferences Appeal Communication to TC		

			EN	CLUSURES (CHECK &	ii tiiai uppiy		After Allowance Communication to TC
V	Fee Trans	smittal Form		Drawing(s)			Appeal Communication to Board
	✓ Fe	e Attached		Licensing-related Papers			of Appeals and Interferences
	Extension Express A Informatio Certified (Document Reply to) Incompleting	tier Final fidavits/declaration(s) of Time Request Abandonment Request on Disclosure Statement Copy of Priority t(s) Missing Parts/ te Application epty to Missing Parts	Ren	Petition Petition to Convert to a Provisional Application Power of Allorney, Revocat Change of Correspondence Terminal Disclalmer Request for Refund CD, Number of CD(s) Landscape Table on Conarks	Address	FEE	Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) Proprietary Information Status Letter Other Enclosure(s) (please Identify below): ADDRESS INDICATION
	الا لسيا	nder 37 CFR 1.52 or 1.53					<u> </u>
		SIGNA	TURE	OF APPLICANT, ATT	ORNEY, C	R AG	ENT
Firm N	Firm Name AKERMAN SENTERFITT						
Signal	Signature Richarl Q. Hinse						
Printe	Printed name RICHARD A. HINSON						
Date JULY 26, 2006					Reg. No.	47,65	2
							· ·

CERTIFICATE OF TRANSMISSION/MAILING I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below: Signature Date Typed or printed name

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a bonefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including process, and submitting the complete deplication form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Tradomark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS approach. ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.